DOCUMENT RESUME

ED 185 200 UD 020 469

AUTHOR Gaines, Victor Pryor
TITLE Career Counseling as Experienced by Practicing Black Ophthalmologists.
PUB DATE 77
NOTE 70p.: Independent Study, Kentucky University; Not available in paper copy due to author's restriction

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Blacks; *Black Students; *Career Choice; *Career Counseling; Career Guidance; Faculty Advisers; Higher Education; Medical Schools; *Ophthalmology; *Physicians; Post High School Guidance; Secondary Education

ABSTRACT

This study was an effort to understand the phenomenal dearth of black physicians in the United States, particularly in the specialty of ophthalmology, and to determine to what extent practicing ophthalmologists had had exposure to professional career counseling. A questionnaire was sent to a random sample of black ophthalmologists to acquire demographic, geographic, and socioeconomic data; data on institutional characteristics regarding ethnic composition; level of counseling interaction; and variables in specialty choice. Findings indicated that a majority of respondents were born and reared in Southern households headed by a professional and attended black schools where counseling per se did not exist. Parents and black teachers provided all guidance. Colleges and universities were also found to be lacking counseling services and faculty served as motivating agents. Medical schools also appeared to provide inadequate counseling for black students. It is recommended that counseling services for blacks be increased at all educational levels, that black secondary students be placed in college preparatory programs, and that faculty members be added to counselor education programs. In addition, medical schools need to commit themselves to upgrading their services to blacks. Finally, additional studies should be done to ascertain other variables which continue to preclude any appreciable gains in the number of practicing black physicians. (Author/MK)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

MAR 2 5 1980

ED185200

INDEPENDENT STUDY

Victor P. Gaines, M.A.

The Graduate School
Department of Educational Psychology and Counseling
University of Kentucky
1977

UD020469

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Victor P Gaines

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ABSTRACT OF INDEPENDENT STUDY

CAREER COUNSELING AS EXPERIENCED BY PRACTICING
BLACK OPHTHALMOLOGISTS

This study was an effort to begin to understand the phenomenal dearth of black physicians in the United States, particularly those practicing the specialty of Ophthalmology, and to what extent those who were successful had exposure to career counseling.

The hypotheses considered were: (1) that the professional career counseling experienced by the sample was minimal; (2) that the decision to practice medicine was self-directed or governed by significant others; and (3) that the decision to practice Ophthalmology was primarily determined more by the limited number of residencies open to blacks in other areas.

A questionnaire was sent to a random sample of the practicing black ophthalmologists in the country in an effort to acquire demographic-geographic data, socioeconomic data, data on institutional characteristics, level of counseling interaction and variables in specialty choice.

The compiled data indicated that the majority of the respondents were born and reared in the South in households headed by professionals earning $5,000 per year. They attended all black schools where career counseling per se did not exist except in the form of teacher assistance or parental pressure.

At the college and university level there again was a lack of counseling services and faculty served as the motivating agents.

Several schools were mentioned as having particularly helpful and concerned faculty members.

Medical schools, excluding MeHarry and Howard, also appeared to be guilty of having inadequate counseling for black students.

It was recommended that more black secondary students be placed in college preparatory programs. Also suggested was the idea that colleges and universities provide increased counseling services for blacks and that those enrolled in pre-med receive more assistance from biology and chemistry faculties. A suggestion was made that black faculty members be added to counselor education programs and at counseling centers.

Medical schools are seen as needing to commit themselves to upgrading their services to the blacks they so heavily recruit.

Finally, it was indicated that additional studies be done to further attempt to ascertain other variables which continue to preclude any appreciable gains in the number of practicing black physicians.

Victor Pryor Gaines
(name)

7-25-77
(date)

CAREER COUNSELING AS EXPERIENCED BY PRACTICING BLACK OPHTHALMOLOGISTS

INDEPENDENT STUDY

An independent study submitted in partial fulfillment of the requirements for the degree of Specialist in Education at the University of Kentucky

By

VICTOR PRYOR GAINES

Lexington, Kentucky

Director: Dr. Gordon P. Liddle, Chairman
Department of Educational Psychology and Counseling

Lexington, Kentucky

1977

ACKNOWLEDGMENTS

I would like to express my appreciation to Dr. Wilbur Blount, University of Kentucky College of Medicine, Dr. Fred Williams, Ralph K. Davis Medical Center, San Francisco, and Dr. Axel Hansen of the MeHarry Medical School, for their invaluable assistance.

My appreciation is also extended to Dr. Gordon Liddle who served as Director of this study.

TABLE OF CONTENTS

Page

ACKNOWLEDGMENTS iii

LIST OF TABLES. v

Chapter

I. INTRODUCTION. 1

The Problem 2
Rationale 7

II. REVIEW OF THE LITERATURE AND RELATED RESEARCH 9

Theoretical Concepts Precluding the Success of Blacks in the Sciences 9

Review of the Literature on Counseling Blacks 13

Review of the Literature on the Decision to Pursue Postsecondary Education. 31

Review of the Literature on Medical Specialty Choice. . . 37

III. THE STUDY 43

Scope 43

Hypotheses. 43

Design and Method 43

The Survey Instrument 44
Sample. 44
Analysis Procedure. 44

Findings and Data Analysis. 44

Conclusions 47

Recommendations 48

REFERENCES. 50

APPENDICES. 57

LIST OF TABLES

Page

Table

1. First-Year Enrollments in Schools of Medicine in the United States: Academic Years 1968-69 through 1974-75 3

2. Total Enrollments in Schools of Medicine in the United States: Academic Years 1968-69 through 1974-75. 4

3. Number of Employed Physicians (M.D. and D.O.) in the United States, by State: April 1, 1970. 5

4. Distribution of Medical Students by Family Income and Control of Medical School, 1974-75. 8

5. Differences Between Specialty Groups of Practicing Physicians on the AVL, EPPS, and SVIB. 41

CHAPTER I

INTRODUCTION

The pursuit of medicine as a career is perhaps the most ambitious and challenging endeavor one could possibly aspire for.

It is a well known fact that there are at least fifty applicants annually for each seat in each of the one hundred fourteen medical schools in the United States. Considering these figures it is not difficult to begin to realize the overwhelming odds against gaining entry to this highly respected field and to understand the competition, anxiety, and frustration experienced by the three thousand plus annual applicants.

The student who is successful in gaining admission, which in itself is an exercise in mental gymnastics, faces a minimum of four, in some few institutions three, years of an extremely demanding academic curriculum necessitating the neglect of practically all else that separates man from the remainder of the animal kingdom.

There remains, subsequently, an internship and finally a residency. The total investment timewise can be anywhere from seven to twelve years or more depending on whether one decides to specialize, do research, become an administrator or choose one of the myriad of other possibilities.

It is obviously no small decision to decide to enter medical school. The glamour rapidly dissipates as the realities of negotiating the medical school curriculum begin to encapsulate the student.

The Problem

The problems of one segment of the aspiring medical school population, those of blacks, are particularly unique.

This country has, in almost 100 years, produced only 7,000 black physicians which gives a ratio of one black M.D. per every 3,377 black citizens as compared to one white M.D. for every 750 white citizens.

In a recently released report entitled "Minorities and Women in the Health Fields" prepared by the HEW Bureau of Health Manpower (1975), data were presented on minority persons employed in selected health occupations in the United States in 1970. The report showed that in the fields of medicine, osteopathy, dentistry, optometry, pharmacy, podiatry, and veterinary medicine, 2.2 percent of the persons working were black and 3.3 percent were members of other racial or ethnic minority groups.

Despite the relatively low numbers of minorities already practicing in the health professions, the HEW report's data reflected that the percentage of minorities who are in training now is greater than in past years. In 1974-75, over 7.5 percent of the students in medical school were black (Table 1) compared to 6.9 percent minorities who were physicians in 1970. While there are signs that black enrollments in medical training programs are increasing (Table 2) the number of practicing black professionals remains comparatively low (Table 3).

It is quite interesting to note that it is not the fact that blacks are not being accepted to medical schools that is causing the shortage of black physicians. As a matter of fact 75 percent of blacks applying gain admission to medical school. The problem is the inordinate attrition rates which apply to black medical students.

TABLE 1

First-Year Enrollments in Schools of Medicine in the United States: Academic Years 1968-69 through 1974-75

Academic Year	Number of Students		
	Total First-Year Enrollment	Total U.S. Minority	Black American
1968-69	9,863	413	266
1969-79	10,422	641	440
1970-71	11,348	998	697
1971-72	12,361	1,280	882
1972-73	13,677	1,437	957
1973-74	14,124	1,627	1,023
1974-75	14,763	1,839	1,106
	Percent of Students		
1968-69	100.0	4.2	2.7
1969-70	100.0	6.2	4.2
1970-71	100.0	8.8	6.1
1971-72	100.0	10.4	7.1
1972-73	100.0	10.5	7.0
1973-74	100.0	11.5	7.2
1974-75	100.0	12.5	7.5

TABLE 2

Total Enrollments in Schools of Medicine in the United States: Academic Years 1968-69 through 1974-75

Academic Year	Number of Students		
	Total Enrollment	Total U.S. Minority	Black American
1968-69	35,833	1,275	783
1969-70	37,690	1,630	1,042
1970-71	40,238	2,294	1,509
1971-72	43,650	3,072	2,055
1972-73	47,366	3,918	2,582
1973-74	50,716	4,836	3,045
1074-75	53,554	5,560	3,355
	Percent of Students		
1968-69	100.0	3.6	2.2
1969-70	100.0	4.3	2.8
1970-71	100.0	5.7	3.8
1971-72	100.0	7.0	4.7
1972-73	100.0	8.3	5.5
1973-74	100.0	9.5	6.0
1974-75	100.0	10.4	6.3

TABLE 3

Number of Employed Physicians (M.D. and D.O.) in the United States, by State: April 1, 1970

State	Total Employed	Negro	State	Total Employed	Negro
United States	280,929	6,106			
Alabama	2,769	107	Montana	703	0
Alaska	250	5	Nebraska	1,638	16
Arizona	2,348	10	Nevada	493	0
Arkansas	1,794	18	New Hampshire	877	0
California	33,982	763	New Jersey	11,343	262
Colorado	3,791	18	New Mexico	1,113	8
Connecticut	5,204	35	New York	38,269	1,069
Delaware	647	13	North Carolina	4,918	159
Dist. of Col.	1,375	299	North Dakota	598	0
Florida	8,178	105	Ohio	13,697	282
Georgia	4,605	136	Oklahoma	2,851	40
Hawaii	961	6	Oregon	2,920	10
Idaho	542	0	Pennsylvania	17,515	421
Illinois	14,373	423	Rhode Island	1,496	6
Indiana	4,802	106	South Carolina	2,424	70
Iowa	2,974	19	South Dakota	564	0
Kansas	2,865	19	Tennessee	4,250	107
Kentucky	3,184	39	Texas	12,421	129
Louisiana	4,114	72	Utah	1,497	5
Maine	1,046	0	Vermont	695	0
Maryland	7,751	330	Virginia	5,540	202
Massachusetts	10,685	70	Washington	4,754	21
Michigan	11,679	303	West Virginia	1,564	10
Minnesota	5,383	21	Wisconsin	4,988	58
Mississippi	1,727	89	Wyoming	351	0
Missouri	5,881	225			

Many medical schools are accepting blacks based on a special set of admissions criteria, some of which are legitimate for any minority consideration and others which are simply used to acquire a quota of blacks so as to reduce federal pressure and to maintain the flow of federal dollars. I suspect the Baake Case exemplified the tenuous basis many medical schools are operating on regarding black admissions.

The problem created by some of these admissions procedures is the "revolving door" phenomena. Blacks are admitted and impressive reports flow to Washington, however, within six months to a year many of the black students have been dropped by the schools due to "lack of regular progress."

Two possible explanations of this are: 1) blacks have not been adequately prepared academically, and 2) many medical schools have little commitment to black success and are playing number games with the federal government at the psychological expense of the black students.

Some of the barriers mentioned by Roberts and Plunkett (1974) preventing minorities from entering into health occupations are:

High cost of health occupational training programs

Inadequacy of active recruitment programs

Lack of proper counseling at an early stage in the choice of a career

Inadequate preparation of minority group students

In the prerequisites required for health training programs

Great amount of stress placed on particular admissions requirements which tend to be biased toward the middle and upper class students

Rigid, locked-in curricula of the various programs which do not allow for sufficient self-paced learning

While it is not specifically delineated above, another harsh reality is the fact that medical school has historically been attended by, and continues to be attended by, students from families with above average incomes (Table 4). Clearly this fact has a disparate affect on all students from families earning modest incomes, however, blacks as a group have been consistently at the lower end of the income scale in this country and therefore have suffered most from this particular fact.

Rationale

This study represents an effort to examine the quality and quantity of career counseling experienced by practicing black ophthalmologists. Further, given the variables having a negative impact on the success rate of black medical students, it is an attempt to ascertain if quality career counseling has either been responsible for those deemed successful or if it has the potential for increasing the success rate.

TABLE 4

Distribution of Medical Students by Family Income and Control of Medical School, 1974-75

Family Income	All Schools	Public Schools	Private Schools	All U.S. Families 1974
Total	100%	100%	100%	100%
Less than $5000	6	6	5	13
$5000-$9999	11	11	10	23
$10,000-$14,999	18	19	16	24
$15,000-$19,999	15	16	14	18
$20,000-$24,999	13	14	13	10
$25,000-$49,999	24	23	26	12
$50,000 or mo43	13	11	16	
Estimated Median	$20,249	$19,315	$21,972	$12,836

CHAPTER II

REVIEW OF THE LITERATURE AND RELATED RESEARCH

Theoretical Concepts Precluding the Success of Blacks in the Sciences

Considering the intellectual progress of blacks, society has conditioned us to overlook the simple behaviorist theory of stimulus-response: no reward, no shaping. Instead, many prefer to relate achievement to inheritance, as inferior and superior genes are seen as correlates of productivity. Yet the most basic systems of reward have been unavailable to blacks. The Protestant work ethic which is still one of the primary tenets of our society has worked for blacks on a very limited level. Hard work brings success only at the economics survival stage (this is evidenced in the economic gap between the races in all classes).

Although society has limited its rewards, blacks have still internalized the values and norms of the dominant culture. The Protestant work ethic has built in the need for achievement, the need for self-assertion, and the need for approval. One's worth is defined by one's achievement. Self-assertion and aggression are expected characteristics necessary to move one toward achieving one's goals. Success and hard work bring one approval and esteem from the wider community. Yet at each stage, blacks are caught in a serious dilemma. Not to achieve is to accept inferiority and self-worthlessness. Society has already mirrored an image to blacks of failure and inferiority. It has often been stated that the expectation of failure becomes a self-fulfilling

prophecy. Yet, despite the fact that the social milieu has fostered low self-concepts among blacks which would lower black aspirations, blacks continue the struggle for success to satisfy their own patterned needs, needs which were also established by the socialization process.

The means by which one earns approval under the Protestant work ethic do not work for blacks. Economic, if not physical, survival has necessitated that blacks adopt a humble and passive attitude. Blacks who are too out-spoken about racial issues still run the risk of losing their jobs or being refused promotions. Even successful blacks have to be careful not to attract attention, to control aggression, to be very low-keyed or subtle about their accomplishments, careful not to rock the boat. If blacks seek to fulfill their need for self-approval, then they must adopt behaviors unrelated to achievement of self-assertion.

Related to the individual's success in satisfying his need for self-assertion is his sense of control of his environment. The Coleman report showed a difference between black and white students' sense of control over their environment; it also showed that blacks obtained a greater sense of control as they attended school with more whites. It is believed, that integration nurtured a greater sense of control and level of achievement, not because white students were merely present, but because blacks were in a proximate real world setting which proved that they can cope in any situation, not just with those who, like themselves, have been defined as inferior. From this kind of evidence, Poussaint has concluded that a realistic inability for meaningful self-assertion is a greater inhibitor of ability to achieve than is any other variable.

Researchers have shown that the pursuit of science is strongly influenced by personality variables. Studying 64 eminent scientists, Ann Roe found that most scientists were loners, uncomfortable in social settings and preferred to work with things rather than people, and that although knowledge was valued for its own sake, scientists were intensely motivated by the need to master or control their environment and to satisfy their own curiosity. Yet, the inner city environment, the psychological framework within the black community has not been conducive toward the development of such traits. One cannot, therefore, ignore the possibility of the displaced need for assertion and control as having a direct bearing on the fact that so few blacks pursue scientific endeavors. Obviously, youth whose psychic energies are absorbed by the exigencies of daily survival have little energy to pursue intellectual curiosity and knowledge for its own sake.

Moreover, the different frames of reference between black and white cultures further compounds the problems of working out a satisfactory relationship with the system. The dominant culture operates from a cognitive perspective in which the prestige mode of communication is visual-mental. The black poverty culture, however, operates from an affective vantage point, in which the prestige mode of communication is aural-oral. Such a difference conditions one's learning styles as well as one's preference for various disciplines. For many blacks, imagery, imitation, and feelings take precedence over ideas and word-symbolism. The discipline of science lies almost totally within the cognitive domain, and basically is foreign to the black cultural frame of reference.

Blacks cannot delineate parts of themselves to cognitive dominance without recognizing the affective motivations, aspirations, and the price

one is willing to pay to achieve a future goal. How much of one's self, integrity, and identity must be sacrificed to obtain a viable vocation? Not even scientists have been able to quantify emotions. Figuratively, scientists are supposedly more comfortable working with things rather than people; blacks are more people-oriented. Most studies have shown that aspirations and motivations as well as ability are determiners of success. Therefore, greater attention should be focused on the affective domain.

It is well known that the majority of blacks pursue careers in the fields of the humanities, social sciences, and athletics. One obvious reason has been that the areas of education, social work, theology, art and sports have been more open to blacks and thus have provided a large number of role models for young blacks to emulate. However, these fields are also appropriate because the disciplines themselves allow resolution of personal conflicts and pursuit of issues relevant to the black predicament. Obviously, sports is one constructive and viable way for blacks to channel assertiveness. Other disciplines allow the individual to focus on the purpose of life, man's role in society, individual worth and expression. On the other hand, the sciences presume that one has already resolved these issues, as the emphasis is on the objective nature of truth. The psychological press makes it difficult for many blacks to deal simultaneously with the enormous amount of knowledge and skills required in science and the subjective problems of one's identity.

Add to these factors the lack of a scientific tradition among blacks, the lack of role models for black youth to emulate, as well as the inadequate curriculum of many inner city schools, and one has a comprehensive picture of the factors working against black participation in medicine.

These factors and related deficiencies make it difficult for the black student to cope with demands of the requisite science courses and inculcate in him a fear of their study which erodes any nascent interest he may have had in medicine.

Unfortunately the effect becomes discernible quite early in the academic life of black students. It has been noted that more than half of the attrition among black students occurs not in college but in the 18 month period of high school between December of the junior year and June of the senior year.

The high schools thus represent a critical stage in the supply line of black "power," for inadequate high schools, and their primary school precursors, act to deny college opportunity for most entering ninth graders.

It is then unfortunate but realistic to say that most black students face insurmountable odds should they decide to choose a career which has science at its very foundation.

Review of the Literature on Counseling Blacks

You can extract from the literature a general profile of the black counselee. Generally speaking, counseling research on members of this racial group has been deficiency-oriented, with studies highlighting primarily the negative aspects of their life situations. There is the implicit assumption that black clients are lacking something, not only in terms of their economic relationship with the society at large but also in terms of the counseling interview. Typically, black counselees are described as those who may be hostile, angry, or alienated, both with themselves and the counselor--regardless of the counselor's racial

membership group (Arbuckle, 1969; Gochros, 1966; Smith, 1970; Vontress, 1967, 1970). They are generally seen to come from broken homes, and their family life is described as disorganized (Bancroft, 1967; Moynihan, 1965; Rainwater, 1966). They are said to have a poor self-concept, and a restrictive, substandard language pattern (Ausubel & Ausubel, 1963; Bernstein, 1964; Deutsch & Brown, 1964; Grambs, 1965). They are described as poor test-takers and as individuals who have high vocational aspirations, but low occupational expectations (American Psychological Association, 1964; Gottlieb, 1967; Henderson, 1967). They are said to hold a poor concept of work and to be vocationally immature (Ansell & Hansen, 1971; Murphy, 1973; Neff, 1967, Tyler, 1967). They are portrayed as those who lack an internal frame of reference and as those who find it difficult to deal with intrapsychic material and to relate effectively in a one-to-one relationship with others (Bordon, 1968; McGrew, 1971). In the counseling interview, they are said to be less verbal and more action-oriented, more concrete than abstract-oriented (Calia, 1968; Kincaid, 1969). In short, they are described as nearly the very opposite of all the middle-class white client is said to be--that which research has indicated the majority of counselors consider desirable in their clients (Jones, 1975; Yamamoto, James & Palley, 1968).

Stereotypic presentations of black clients pave the way for stereotypic treatment. When clients are black, the counselor should use action-oriented techniques. When clients are black, the counselor should know that they will have difficulty in dealing with intrapsychic material.

The recognition of cultural differences in the counseling of blacks is one thing, but the stereotyping of these differences is quite another. When cultural, psychological, and sociological characteristics are applied

indiscriminately to all members of any one particular group, there is the potential danger that the promise of counseling will not obtain--the promise that says that people will be seen as individuals first and secondly as members of any specific group. It is the acceptance or non-acceptance of these cultural divergencies that makes members of a particular group "special." What real stress, for example, has been placed on the cultural differences of Asian Americans, Irish, Polish, or Italian Americans? The answer is very little--not because these groups do not exhibit cultural differences, but because their points of divergencies are seen as somehow more acceptable. The lopsided emphasis on real and imagined deficits has resulted in the dehumanization of black clients. It has tended to portray the black client as a "deficient white client."

Not infrequently, the phrase "counseling black individuals" is used almost synonymously with that of "counseling the culturally disadvantaged" or the "deprived." There is the implicit assumption that to be black is to be handicapped in all aspects of life--from the material possessions to the types of toys, role models, and family life one's parents provide. For example, Amos (1968) has posited that although black people do have their own culture, it has not provided them with the opportunities, motivations, experiences, or relationships that will promote their successful competition with whites. Commenting on black students in special programs, Haetennschwiller (1971) feels it is worthwhile noting that "disadvantaged" is the appropriate term since, whatever cultural advantage or "overlooked positives" he may enjoy, they have little relevance to the demands of the academic environment.

These evaluations of black culture are usually based on two premises: (1) the superiority of white middle-class culture; and (2) the

rationalization of individual and institutional racism. As Kenneth Clark (1965) points out, every one of the assumptions associated with the words disadvantaged and deprived is an alibi for the inequality of the socio-economic system and racism.

Many of the negative stereotypes associated with black people revolve around their family life. Typically, investigators state that black families are characterized by disorganization and a dominant matriarchal structure; that most black children are beyond family control; that most black children grow up without the presence of their fathers; that families headed by women produce masculine girls and feminine boys; that children from women-headed families do worse in school that those from two-parent homes; and that most lower socioeconomic black female-headed households are supported by welfare and reside in public housing projects (Etzkowitz & Schaflander, 1969; Moynihan, 1965). Reflecting this point of view Moynihan (1965) feels that the heart of the deterioration of the fabric of Negro society is the deterioration of the black family. He feels it is the fundamental source of the weakness of the Negro community. Comparing the lower-class black family with white families in general, Moynihan (1965) further suggests there is truly one great discontinuity in family structure in the United States at the present time: that between the white world in general and that of the Negro American.

The net result of much of this research has been that it has convinced some governmental agencies, teachers, and counselors that the problems that black individuals face are primarily the product of their weak family structure--that if black people would only rectify the

the conditions of their families, Americans would not have to worry about such things as equality of educational opportunity and discrimination in jobs and housing.

Some investigators, however, have labeled these assumptions as erroneous. For example, Billingsley (1969) reports that most black families (75%) are stable and headed by men. According to his research, the most common pattern of authority among lower-class black families is neither matriarchal nor patriarchal but rather egalitarian--that is, families in which both husband and wife participate actively and jointly in the major areas of family decision making. Herzog's (1968) research yields findings similar to those of Billingsley. She ascertained that the black father is present among the vast majority of lower-income families.

Moreover, a study conducted by Hyman and Reed (1969) indicates that when income levels are held constant, an equal number of black and white families are headed by women. Hyman and Reed conclude that the patterns of male and female influence in black families are not significantly different from that of white families. Ten Houten (1970) also reports that lower socioeconomic black and white husbands exercise the same amount of decision making power.

Research on the negative influence of the black family has also been called into question. Larkin (1972) points out that the characterization of black children as "highly peer-oriented" and "beyond family control" is erroneous. According to his study, black clients view their parents as having greater rights of control than do white children.

The alleged negative impact of family instability and role models has also not been convincingly documented. Gottlieb (1967) reports

black and white lower socioeconomic parents as being understanding and encouraging of their children's occupational aspirations. The research of Pallone, Rickard, and Hurley (1970) shows that the same sex parent is a major influence of black and female students' occupational preferences. Moulton and Stewart's (1971) research established that the physical presence of the father did not significantly differentiate among upwardly mobile and low mobile black males from lower socioeconomic backgrounds.

Clearly, if counselors are to work effectively with black clients, they must begin to reappraise the literature on their families. Negative stereotypes of the black family have been self-serving to the white power structure. They have been used to rationalize white society's treatment of black people and to provide convenient excuses for counselors and teachers who perform their jobs ineffectively with such clients. If teachers practice racism in the classroom, somehow individuals manage to twist it around and blame it on the unrest in our schools or on lack of parental guidance and concern. If counselors give preferential treatment to young people on the basis of their race and socioeconomic status, somehow the fault is seen not to lie in the counselors actions, but in the fact that students' parents may live in public housing or that they may be separated or divorced.

Some of the most pressing problems of black people lie not so much in their family structure but in the racial, political, and socioeconomic structure of American society. Basically counseling literature has tended to stress that black people have negative self-concepts and that counselors should work toward helping such clients achieve a more positive image of themselves (Ausubel & Ausubel, 1963; McGrew, 1971; Vontress, 1967, 1969; Williams & Byars, 1968). For example, McGrew (1971) has posited that the

root of the problem in counseling black youth is their self-image. According to him, the counseling of such youth should involve a three-pronged approach, including coming to grips with the inner person, coming to grips with the other, and coming to grips with the very process of thinking and one's conceptualization of both that inner self and the other.

Moreover, Havighurst (1951) and the Work Study Group of the American Psychological Association (1964) have suggested that black youth may perform poorly on tests because they lack self-confidence. Similar findings in the area of vocational development have also been reported. Hefland (1967) maintains that black youth may have difficulty seeking employment because they lack self-confidence. Hauser (1971) asserts that the black youth's negative self-image and early identity foreclosure are the major differentiating factors in the vocational development of black and white youth.

As in the case with the black family, some researchers have begun to question literature regarding the pergasive negative self-concepts of black individuals. Douglas (1971), for example, implies that the notion of a black self-concept is more of a myth than a reality. In a study of 260 black and white students in an integrated junior high school, he found that the self-perception of students (as measured by the Coopersmith Self-Esteem Scale) is not related to racial or ethnic membership. Douglas concludes that the nature and distribution of self-perception among black students is similar to that of their white peers.

Moses, Zirkel, and Greene (1975) also used the Coopersmith Self-Esteem Scale to investigate the self-concepts of black and white students and found no significant difference in their scores. Biggy and Gabler (1967) report similar results.

The findings of Bartee (1967) and Soares and Soares (1969) are important for their notable departure from studies that indicate no significant difference between the self-concepts of blacks and whites. In both instances, the authors found that the self-esteem of blacks may exceed that of their white counterparts.

Larkin (1972) has conducted perhaps the most comprehensive study on race and self-esteem. Using a sample of 1,750 elementary students in California public schools, he found that race and lower socio-economic background are not related to lower self-esteem. According to Larkin, the effect of black children being presented a negative self-image by the larger society may tie them closer to the family as a reference group rather than depress self-esteem.

The importance of much of the latter research should not be underestimated. It suggests that counselors cannot assume routinely that all or even the majority of black people have negative self-concepts. Although white American society has made a massive attempt to impose a negative self-image on black people, members of this racial group have tended to respond to such pressure in different ways. In some instances, the family of black youth has functioned as a buffer against the general society's attempt to impose a negative self-image of themselves. In other instances, the achievements of black people in wide variety of areas have served as a corrective experience to possible feelings of inferiority.

Thus, the question is: Is it black youths' negative self-image that actually leads to a differential vocational development from that of white youth, or is racism the real culprit? Is it black youth's

negative self-concepts that lead to low academic achievement, or is the real problem a lack of quality education?

Part of the profile of black clients includes their supposed non-verbalness and their restricted language pattern (Bernstein, 1964; Orem, 1968). In comparison with middle-class whites, they are believed to have inferior language ability. It has been further posited that the language differences between blacks and their counselors may have an adverse effect on the counseling relationship (Schumacher, Banikiotes & Banikiotes, 1972).

Research by several investigators, however, has tended to contradict studies that state that black people have a restricted and inferior language pattern. Houston (1970) asserts that there is no such thing as a primitive language. All forms of all languages have their own rules and do not vary widely in their underlying structures. She emphasizes that because some black individuals use a different phonological structure, it doesn't necessarily mean that they are making mistakes or that they are incapable of communicating in standard English.

Baratz and Baratz (1970) affirm that black children are "neither linguistically impoverished nor congenitively underdeveloped." Their language system is a "fully developed, highly structured system that is more than adequate for aiding in abstract thinking."

Labov (1970) has also challenged the belief that black people suffer from a restricted language pattern. Delineating a difference between competence and performance, Labov maintains that when black children are tested appropriately for optimum performance, they have the same grammatical competence as middle-class whites. The only real difference is that their grammatical competence may be expressed in different settings and situations.

Grantham (1970) studied the effects of language differences on the counseling relationship. He found that language was not a significant variable in black clients' self-exploration or on the counseling relationship, regardless of whether the counselor was black or white.

There is a difference between labeling a client nonverbal and recognizing that the person refuses to talk for some reason or that the person does not communicate in the manner we expect and desire. There is a difference between recognizing that people vary in their language style and trying to lump them all together according to their race and socioeconomic status.

The belief that black clients are different from white ones has led to a search for special intervention techniques. As mentioned previously, investigators have urged counselors of black clients to use intervention techniques that are less verbal and more action-oriented, more concrete than abstract-oriented. Kincaid (1969) has suggested that counselors of black clients should use action techniques that are task-oriented. Gibbs (1973) has proposed that counselors should use aggressive techniques with black clients to counteract their initial mistrust, apathy, or hostility. Tucker (1973) found that counselees who received action-oriented intervention techniques expressed a greater degree of satisfaction than counselees who received the "traditional" approach to counseling. Counselees of the action-model techniques reported that their counselors were significantly more helpful than ones who received the traditional approach to counseling.

Harper (1973) recommends that counselors employ techniques that quickly bring the black client to a level of awareness and action. He points out that black students usually want immediate results from

counseling since many times their problems are urgent and, therefore, demand immediate results. According to Harper, the counselor should use supportive, directive, confrontive, and information-giving techniques that persuade the black counselee to be rational and reality-oriented.

Riessman (1964) has argued that role-playing techniques are appropriate to counseling black clients because they are more conducive to the motoric, anti-intellectual, and noncognitive styles of lower socioeconomic blacks.

Similar arguments have been made for group counseling and different theoretical approaches to counseling blacks. Workman (1974) has concluded that the behavioristic approach to counseling is significantly more successful in achieving such clients' increased production in a sheltered workshop. Walker (1973) has indicated that Adlerian methods of interventions are more productive than self-concept approaches.

Although group counseling approaches have been recommended for counseling black clients, there is little evidence to suggest that these techniques are any more appropriate for members of this racial group than their white counterparts (Gilliland, 1967; Williams, 1972).

Jones (1975) has pointed out that it is a fallacy that lower socioeconomic individuals do not want long-term insight therapy. In a study of more than 250 lower income clients, 52 percent expressed a desire for insight therapy. Despite this fact, higher class clients are more inclined to receive psychotherapy, while lower class clients continue to receive "authoritative or compulsory forms of treatment, such as electroshock, tranquilizers, and confinement."

Yamamoto, James, Bloombaum, and Hattem (1967) have also reported that counselees are treated significantly different on the basis of their racial membership group. High-prejudiced white therapists saw male and female black clients for a fewer number of therapeutic interviews than low-prejudiced white counselors. In a follow-up study, Yamamoto, James and Palley (1968) established that clients whose racial and cultural backgrounds were different from those of white therapists were less often offered or given intensive therapy. Whereas half of the whites received individual or group therapy, only a third of the black counselees were given such treatments. The authors concluded that white therapists' ethnocentricity and feelings of assumed dissimilarity were important factors in the treatment of black counselees.

Similarly, the research of Carkhuff and Pierce (1967) seems to indicate that black clients are capable of and do become involved in dealing with intra-psychic material. They may, however, be reluctant to engage in self-exploration with counselors whom they feel would use such materials to support the myth of black inferiority.

It seems evident that many of the counseling interventions suggested for black individuals have been based on at least two premises: (1) members of the counseling profession interpretation of the life-styles of black people and their methods of interpersonal communication, and (2) the concept of assumed counselor similarity or dissimilarity (Harrison, 1975).

The rationale of counseling members of this racial group should be that of helping them find methods by which their skills can be translated into productive and self-fulfilling ways of dealing with their life situations. Research has tended to indicate that counselor's

perceived sense of assumed similarity is positively related to their treatment of black counselees. That is, the greater the degree that counselors feel that their personal characteristics and life situations are similar to their clients, the more likely the relationship will be a productive one (Jones, 1975). Stereotypes and negative racial attitudes on the part of counselors serve to delimit their areas of assumed similarity with black clients.

Research has also tended to show that the techniques and ingredients of effective counseling with blacks are also important with white clients. Both black and white clients view counselor competence, empathy, respect, and understanding as critical variables in the counseling relationship. To this degree, there is no mystique, no one special technique for counseling blacks. Those who would like to believe so are only deluding themselves, perhaps at times even hiding behind their own fears. Just as historians have reported that Freud escaped behind his desk and Fritz Perls used the empty chair to minimize personal contact between himself and his clients, so do some counselors armour themselves with techniques. Black clients should be treated as individuals first and secondly as members of a particular racial group. To achieve this goal, more emphasis needs to be focused upon finding a common core of effective counseling than upon racial differences.

Research on counseling black clients has suggested that counselors adopt non-traditional roles. Gordon (1968) has proposed that counselors of black youth must become social change agents, that is, they must work to change the socioeconomic structure that gives rise to some of the problems associated with black clients--poverty, poor test scores. According to him, the social change agent role represents a better and more productive use of the resources of counselors than a continued

palliative effort to patch up the mistakes of the past without preventing the mistakes from recurring.

Smith (1970, 1971) has proposed that counselors must become militant advocates for the rights of black students. Haettenschwiller (1971) has suggested that counselors adopt an outreach approach when counseling black students in special programs. Haettenschwiller also maintains that the counselor should conduct home visits in order to let counselees know that they are squarely on their sides. From his point of view, the primary role of the counselor on the college campus is to help black clients learn how to "negotiate the system."

Reflecting on Smith's (1970, 1971) point it is interesting that ethnic minorities in the last decade virtually demanded advocate behavior from their counselors. Today, advocacy as a counseling service remains an essential function in working with minorities in ways that are unique to their respective cultures. However, minority counseling must consist of more than advocacy which has been mistaken for ethnic rapping and relating. Proficiency and self-sufficiency, in terms of attainment of specific skills to live and work more effectively, are also desirable minority counseling outcomes.

Increasingly, minorities are plagued with problems of anxiety, racism, employment and education. These problems which complicate career development appropriately identify cogent areas to unfold specific self-sufficiency skills.

Some of the appropriate skills needed may be identified as relaxation, exercise, constructive leisure time activities, understanding racism, rational thinking, decision making, career interest evaluation, career exploration, application and interview preparation, and interpersonal relations.

The practice of minority counseling during the next decade must focus on development and modification of a variety of counseling techniques appropriate and effective with different ethnic minority groups. Perhaps it is the cultural modification of existing theories and techniques that will prove most helpful in addressing these essential areas where skills are needed to facilitate achievement and fulfillment of self-sufficiency goals.

In counseling minorities, a critical issue continues to surface regarding the counseling dyad. The issue considers the question, "Who should counsel minorities?" While some social progress is evident, Johnson (1974) proposes that the race of the counselor is still a significant factor. He suggests that it may be a contradiction of the basic principles and objectives of career counseling to have a white counselor telling a black student about career opportunities open to him. This position is held because the impact of principles associated with modeling behavior are absent in the minority counselee/non-minority counselor dyad.

Additional factors facilitative to the minority counseling relationship and affective-domain are reported by Carkhuff (1972), Carkhuff and Berenson (1967), Truax (1970) and others. However, there may be no common critical factor in counseling for other minorities as the race factor is for blacks. Even within racial classifications, the female counselor may be able to establish more positive and lasting rapport with the black male counselee (Vontress, 1971). On the basis of available research trends, the following hypothesized outcomes would seem to suggest that minorities counselees with a good self-concept and intra-group identity will probably respond maximally in the extended dyadic counseling relationship in this order:

1. To a trained counselor of own race.
2. To a trained minority counselor.
3. To a trained white counselor.

Initial reactions to this minority hypothesis of maximal counseling response may include rejection, denial and subsequent dismissal by counselors who refuse to recognize the significance of the racial factor. However, the fact of the matter is that racism exists. The effective counselor, regardless of race, should recognize the inherent role and effect of racism in our systems. It is a factor that can significantly dictate the outcome of counseling and, in essence, minority career development.

Theories that adequately explain and account for the existence of racism have not existed in abundance in academic disciplines. However, one of the most recent theories, the Cress Theory of Color-Confrontation and Racism (White Supremacy), explains this phenomenon in psycho-genetic terms within a world outlook framework (Welsing, 1970). Welsing interprets racism as white supremacy behavior. She suggests it is the behavioral syndrome of individual and collective color inferiority and numerical inadequacy which includes patterns of thought, speech and action as seen in members of the white organization (race).

Transcendent Counseling proposed by William Stone (1973, 1974) suggests the following considerations in working with black clientele:

1. The counseling approach should be flexible and comprehensive such as to be useful with counselees of different ethnic backgrounds. A combination of individual and small group techniques should be used for maximum effectiveness.

2. The goals of counseling blacks should be: (a) satisfaction of basic needs; (b) modification and/or development of new life style; and (c) transcendence of personal and environmental obstacles.
3. The effective counselor must manifest: (a) affective and cognitive personality traits of effective counseling; (b) humanistic qualities of mental health and self-actualization, and (c) experiential knowledge of the social sciences of ethnic minorities.
4. In the counseling process, the being of the counselor is more important than the techniques employed.
5. The counselor should initially establish priority for using supportive, directive, and informative techniques in quickly bringing the counselee to a level of awareness and taking some appropriate action.
6. The counselor should employ action-oriented and responsibility-oriented techniques which are developmental in nature.
7. In the counseling relationship (especially with blacks), the counselor should be about assessing: (a) needs of the counselee; (b) life style of the counselee; (c) behavior of the counselee; and (d) the dynamics of the counselor as he operates in his environment. Subsequently, the counselor should prescribe and generate action for positive change and growth of the counselee.
8. Such a counseling approach can be labeled as "Transcendent Counseling" or "APAT Counseling," i.e., counseling via assessment, prescription, and action for transcendence of self and culture.

The problems involved in modifying and designing systems for minority career development are indeed complex. Menacker (1971) has suggested that the first step for assisting minority students is to establish meaningful communication. Secondly, he proposes that negative self concepts may exist in two primary forms--the defeatist self-image (inner-directed) and the hostile self-image (outer-directed). Menacker further explains that both self-perceived deficiencies are equally destructive to the individual but require different treatment strategies from a sensitive counselor or specialist.

An effective system must possess facets of career techniques which are corrective and developmental in nature. Logically, to adequately consider the list of concerns, a systems approach to career development must be devised which identifies objectives, techniques and measurable-behavioral outcomes. The career development system should encompass aspects of a treatment-training model (Stone and Harper, 1973) for the counselee as well as the counselor. This model is deemed appropriate because counselors are not immune to the pathologies of society (Beck, 1973).

The primary focus of the career development model should be competency based. It should consist of three major types of counseling service: (1) academic; (2) career and informational; and (3) personal and interpersonal skills development. For optimum results a modular achievement learning format is suggested in individualized and small group settings. An outline of the suggested model follows:

A Systems Approach to Career Development

1. Orientation to modular learning for career development
   a. purpose
   b. goals
   c. objectives
   d. expectations
   e. contingencies
2. Diagnosis (administration of evaluation and career interest instruments)
3. Counseling regarding results of diagnosis
4. Select modules (academic, personal, interpersonal, career, developmental)
   a. sign learning contracts for modules
   b. receive explanation of modules, achievement levels, and alternatives
   c. assignment of tutors (peer-staff), instructors, schedule of modules, group meetings, etc.
5. Work through modules and progress tests
6. Complete module and proficiency test
7. Staff-student evaluation of objectives and outcomes
8. Proceed to selection on next module
9. Repeat steps 3, 4, 5, 6, 7, and 8.

Review of the Literature on the Decision to Pursue Postsecondary Education

Much of the research on student choice to pursue formal education beyond high school has concentrated on two major influences. One focuses on the student, his background, and his educational or occupational orientation. The second centers on the institution itself as its characteristics influence educational decisions. Within both orientations are studies relating student background not only to continuing in school but also to the particular institution chosen. This section and the one which follows review selected examples of such research efforts as they provide the basis for this study.

Research Studies on the relationship of race, academic background, family, and economic factors to occupation and continued education, conducted in 1973 by the Ohio State University Center for Human Resource Research, indicate that race, high school course of study, and family background are significant in explaining who goes to college. Further, the studies reported that the amount of schooling one has directly effects the future occupational status and earnings of the person when controlled for race and family background.

Relationships between family background factors and college-going found in the above studies were:

1. Youth from one-parent families with more than six members were less likely to go on with their education;
2. Blacks whose mothers did not complete high school went on to college only half as often as whites with mothers having similar educational backgrounds;
3. Economic factors, measured by the number of children in the family and family income level, were important in determining whether the subjects in the survey remained in school between the ages of 18 to 24; and
4. For whites in the survey, higher social status of the family tended to have a positive influence on staying in school beyond high school (Manpower, 1974).

Additional factors determined by the above survey to be significant to occupational and educational activities included the types of high school programs chosen by the students. As one report states:

> Choice of high school program is very important in determining whether a child will go to college. Those with low expectations are most

> often not in college preparatory programs, and usually do not continue their studies beyond high school (Manpower, 1974, p. 26).

Finally, the studies report that for whites the number of years spent in school has the greatest impact on the individual's later occupational status and income. However, for blacks the number of years of formal education was also important to occupation and to income, but the factors most closely related to the individual's income level were those of family background.

In the recent research literature on traditional and alternative forms of postsecondary educational opportunities, much emphasis has been placed on the social and economic aspects related to student participation in such programs. Such has been particularly true of research which examines student differences in various educational programs.

Trent (1970), for example, studied influences on the decision to pursue postsecondary education. He concluded that while the decision is actually part of a long developmental process, it is influenced by numerous factors. Most notable are socioeconomic status, motivation, parental influence, peer group pressures, cultural and ethnic background, and career plans of the individual.

Basing his conclusions on data recorded from studies of college entrance decisions reported by students, Trent indicates seven basic findings. Included are:

1. A high positive correlation between the father's occupational achievement and the educational aspirations and achievements of the student;

2. An over-representation of students in college whose fathers' occupations are classified as high socioeconomic level (professional and managerial);
3. A greater representation in junior and community colleges of low socioeconomic background students;
4. The chance of attending college for children with superior intelligence increases correspondingly with an increase in socioeconomic status;
5. Parental influence to attend college increasing with an increase in socioeconomic status;
6. An inverse relationship between parental influence to attend college and the number of children in the family; and
7. A direct relationship between socioeconomic status and other environmental influencing factors of personality traits, peer group relationships, and cultural, ethnic and religious backgrounds of the students.

The relationships indicated above tend to reflect the overall influence of socioeconomic status and background on the student's decision regarding education beyond high school. In addition to the student's background serving as a major influence, related factors such as the requirements of an educational program, educational costs, and distance from the student's home play an important role in the decision-making process.

The occupational and educational choices of an individual tend to depend in large part on his experiences and environment prior to the time such decisions are made. Of primary influence on the decision-making process are the individual factors of personality, self-image,

and goal orientation and the societal factors of family, socioeconomic background, home and school environment, and peer and community relations.

Once the decision has been made to continue in the educational system beyond high school other factors appear to influence the continuation and institutional decisions. For the potential postsecondary student the question arises as to which educational institution to choose. The influences of his past, combined with the occupational and continued education decisions, come into play in making the decision to pursue a particular educational program in a particular school.

In their recent investigation of students' decisions to attend college, Kohn, Manski, and Mundel (1974) have noted that the decision is not a spur-of-the-moment matter. Pointing out that the background factors of socioeconomic status and academic ability act as influencers, it appears that a three-stage decision process takes place:

1. The student must make a decision whether to attend a school within commuting distance or to live in another community;
2. The student must make a decision as to which school to attend based on the travel decision; and
3. The student must then decide whether to enroll on the basis of a comparison between the chosen school and the option of not enrolling at all.

All of the above decisions are predicated on the assumption that the student will choose on the basis of knowledge related to his academic and economic background, as such apply to the admissions standards of the possible alternative schools and to the financial arrangements available for his education. The student's background and his previous occupational and educational decisions are reflected in the institutional choice.

The findings of Kohn, Manski, and Mundel also indicate, based on student data from four states, that the selection of a postsecondary educational institution is influenced on several levels, by several items, including:

1. Tuition cost has a strong effect and is more negative at the lower family income levels.
2. Commuting distance and room and board costs significantly affect the decision about a particular school, especially with low and middle income students.
3. The social climate of the school affects the choice. Students prefer a campus on which the majority of students appear to be like themselves academically and socially.
4. The breadth of course and field offering is also an important factor of institution choice with students from all socio-economic levels, but most significantly with students from middle income backgrounds.
5. The educational and income levels of the parents are significantly related to the institutional choice of the student.
6. Family income level also affects the students' rankings as to the perceived value of particular institutions; with low and middle income students ranking (from best to worst in perceived value) as follows: private universities, public junior colleges, public universities, private colleges, public colleges, private junior colleges; with higher income level students ranking the institutions the same except for the last three categories where their rankings were: public college, private junior college, and private college.

Although the conclusions reached from their research are important to policy-making decisions regarding postsecondary education and further support assumptions as to the college-going decisions of students, Kohn, Manski, and Mundel point out deficiencies in their findings. Additional data are required on the financial assistance programs available for students as such affect the institutional decisions of students. Further, they note that, with increased availability of proprietary and public vocational-technical training as feasible alternatives to college-training, data are needed on student participation in these areas. In order to properly develop a model of the total postsecondary occupational education program, it is necessary to have these and other related data as the combined research efforts in the field indicate.

Review of the Literature on Medical Specialty Choice

The basic dichotomy in medical specialty choice is between general practice and all of the medical specialties and sub-specialties. In recent years, the percent of physicians in specialty practice has been increasing and the percent in general practice has been decreasing. In the period from 1900 to 1924, 47 percent of the physicians were in general practice (Fein, 1967). During the 1955 to 1966 period, general practitioners had declined to 19 percent.

Ebert (1968) and others attributed increased specialization to the rapid increase in the rate of expanding medical knowledge. Fein (1967) and Sloan (1968) saw the organization of the medical school with its predominance of specialists as an influence on medical student career choice. Fishman and Zimet (1972) and Bonito and Levine (1973) studied

what might be characterized as a modeling process in medical schools. The authors found that students professing interest in given specialties resembled the faculty in those specialties in their opinions about the status of the specialty, attractiveness of the specialty, and its similarity to self.

Medical school efforts to direct students into specialty or general practice have been limited. Sivertson (1972) reported that 62 percent of the participants in a preceptorship program were influenced in their career choice (reported while still in medical school) by the program as opposed to 34 percent who were not, and three percent who had no opinion. In another effort, Mattson (1973) reported that 48 percent of the students who had received support from a loan fund and had an obligation to practice in a city of 5,000 or less were in general practice, and 27 percent were in specialty practice. Without intervention, Martin, et al. (1968) reported a trend for University of Kansas graduates to enter specialty practice which accelerated during the period from 1958 to 1960.

Some researchers in the area of specialty choice have attempted to discriminate between general and specialty practice. Others have focused on inter-specialty choice and distribution. In examining economic models of general and specialty practice demand, Sloan (1968) found that lifetime earnings predicted inter-specialty choice although they did not predict specialty entry itself as distinguished from entry into general practice.

Hassinger (1963) compared urban specialists to urban general practitioners. Although no statistical analyses were performed, there were no apparent, major differences between the two groups in the occupations of their fathers or in the urban vs. rural background of their wives.

It might be noted that the urban general practitioners did, however, have a greater percent of fathers who were farmers than did urban specialists (30 percent vs. 17 percent).

Two studies approached specialty choice by comparing those choosing general practice with those choosing other specialties. Fishman and Zimet (1972) found that medical students preferring general practice were different from those preferring surgery. The general practice preference students saw general practice as low status and high social attractiveness. The surgery preference students perceived surgery as having high status, but low social attractiveness.

Schumacher (1963) used the Allport-Vernon-Lindzey (AVL) Study of Values, Edwards Personal Preference Schedule (EPPS), and Strong Vocational Interest Blank (SVIB) to discriminate between 1,649 graduates of 28 medical schools who had entered medical practice. The general practice group was successfully distinguished from the psychiatry practice plus teaching, medicine practice plus teaching, and the surgery practice plus teaching groups on the AVL theoretical and aesthetic scales. The general practice group, however, scored significantly higher on the AVL economic scale than did the medicine practice plus teaching and the psychiatry practice groups.

In the Schumacher study, the general practice group scored significantly lower than the surgery practice plus teaching group on the need dominance scale of the EPPS. On the need order scale, the general practice group scored significantly higher than the psychiatry practice plus teaching group. The general practice group also scored significantly lower than the psychiatry practice plus teaching and the medicine practice plus teaching groups on the social worker scale of the SVIB.

With the growth of specialization in medicine, additional interest has been placed on discriminating among specialty groups. Menninger (1957) provided an interesting example of the application of the Freudian model to specialty choice. He theorized that pediatricians are "undoing," urologists have an emphasis at the phallic period, proctologists have an emphasis at the anal phase, and surgeons are sublimating sadistic impulses.

Much of the literature on specialty choice reports isolated variables and uses medical students as subjects. Family medicine preference students tended to have more patient contacts and less research experience than other preference groups, tended to be married, and did not tend to come from small towns or rural areas (Weinstein & Gipple, 1973). In the Fishman and Zimet (1972) study, students interested in psychiatry were more frequently humanities majors. Students interested in internal medicine had the highest MCAT verbal scores, and those interested in surgery had the lowest. Student groups interested in internal medicine and psychiatry had the lowest percent of Protestants, and general practice and pediatrics had the highest. Internal medicine preference had the highest percent of Jews and general practice the lowest. Psychiatry had the highest percent with no religious preference, and pediatrics had the lowest. Kritzer and Zimet (1967) studied 120 specialty residents and found religious differences also. In addition, they found that the status of the residents' fathers' occupations was inverse to the status of the residents' specialties.

The differences found by Schumacher (1963) between specialty groups of physicians in practice on the AVL, EPPS, and SVIB are interesting (Table 5) and are listed in descending order of mean score on the given scale.

TABLE 5

Differences Between Specialty Groups of Practicing Physicians on the AVL, EPPS, and SVIB*

Specialty Group	Discriminated From
Scale: AVL Theoretical & Aesthetic	
Psychiatry practice + teaching	Surgery practice + teaching Medicine practice full-time
Medicine practice + teaching	Medicine practice full-time
Scale: AVL Economic	
Medicine practice full-time	Medicine practice + teaching Psychiatry practice
Surgery practice + teaching	Psychiatry practice
Medicine practice + teaching	Psychiatry practice
Scale: EPPS Need Dominance	
Surgery practice + teaching	Medicine practice full-time
Scale: SVIB Social Worker	
Psychiatry practice + teaching	Surgery practice + teaching Medicine practice full-time
Medicine practice + teaching	Surgery practice + teaching Medicine practice full-time

*The groups are listed in descending order of mean score on the given scale.

Paiva and Haley (1971) studied the career choices of 459 medical students at six medical schools. They used the AVL, MCAT, biographical data, and other instruments. They applied analysis of variance techniques followed by Sheffe tests. Differences were found between the surgery and general practice preference groups on the AVL social scale, between psychiatry and general practice groups on the AVL religious and MCAT general information scales, between undecided and general practice on the general information scale, between psychiatry and surgery on the MCAT verbal and general information scales, and between undecided and surgery on the MCAT verbal, general information, and science scales. By combining specialty preference groups, additional significant differences were found on the AVL and MCAT.

Significant differences were found by Paiva and Haley (1971) on the following autobiographical items: size of community lived in longest, religious affiliation, physician in family, physician influence, work in hospital, and primary interest (interpersonal interest vs. diagnosis and treatment, or research).

A trend in choice of specialty practice was identified by Hermann (1973). The class of 1971 at the University of Michigan Medical School had the following specialty choice preferences: internal medicine (21 percent), surgery (20 percent), obstetrics/gynecology (12 percent), general/family practice (8 percent). One year later, the class of 1972 preferred internal medicine (32 percent: + 11 percent), surgery (21 percent: + 1 percent), obstetrics/gynecology (8 percent: - 4 percent), and family/general practice (23 percent: + 15 percent).

CHAPTER III

THE STUDY

Scope

In an effort to understand the inordinate dearth of blacks in medicine and the multitude of variables which have historically succeeded in precluding this group from any appreciable gains in numbers, this study focuses on a relatively small group of specialists, black practitioners in the field of ophthalmology, and the level of career counseling they experienced in making medicine their vocational choice.

Hypotheses

In analyzing the data generated by the practitioners it was suspected one would find that:

1. the "professional" career counseling experienced by the sample was at best minimal;
2. the decision to practice medicine was either self-directed or governed by "significant" others;
3. the decision to specialize in ophthalmology was determined more by the limited number of residencies available to blacks in other specialty areas than any other one variable.

Design and Method

The data collection method employed was a survey questionnaire on the variables, including career counseling, influencing the career choice

of the practitioners. Letters (Appendix A) were sent to a random sample explaining the project; the questionnaire was attached.

The data are analyzed to determine the role and influence of career counseling in the career decisions of the population under consideration.

The survey instrument. The survey instrument consisted of 22 key items (Appendix B) which were selected for inclusion based on their perceived relevancy to the issue.

The questions were designed to elicit:

1. demographic data regarding place of birth and rearing;
2. socioeconomic data germane to parental income and environmental conditions;
3. motivational data regarding those factors or persons exerting a significant and positive influence;
4. institutional characteristic data regarding ethnic composition;
5. level of counseling interaction;
6. variables in specialty choice.

Sample. The sample consisted of randomly selected practitioners from the total population of black ophthalmologists in the United States. Of the total of 127 practitioners 45, or 35 percent, were contacted. An effort was made to select them so as to include practitioners from each geographic area. Additionally, an effort was also made to include a representative number of females.

Analysis procedure. The data were simply compiled from the respondents' questionnaires and summarized.

Findings and Data Analysis

Of the questionnaires sent to a random sample of practicing black ophthalmologists nationwide, there was a 43 percent return rate for the survey.

The compiled results of the survey revealed several significant findings.

Demographically the majority, 73 percent, of the respondents were born and reared in the South. This partially explains the fact that the average salary of the majority, 60 percent, of the respondents' parents was $5,000 or less. Considering that salaries in the South have historically been low, particularly for blacks, and the fact that many of the respondents' parents lived and worked during the depression, this is understandable.

Despite the low level of the parental salaries, the majority, 65 percent, of the respondents indicated their parents were professionals. Of this percentage, 50 percent of the parents were teachers, 27 percent physicians and 23 percent ministers. Many came from homes where both parents were professionals. Some of the disparity between parental incomes and the parents' professional status again stems from the fact that many of the respondents were older and their parents' annual earnings of $5,000 was high considering the period in which they lived and worked.

The respondents overwhelmingly, 67 percent, attended predominantly black high schools and the same percentage indicated their high schools provided no career counseling.

Eighty-nine percent of the respondents did indicate that they had considered medicine as a career while in high school. Generally this was due to either a positive experience with a physician as a child or parental influence. Fifty percent of the respondents acknowledged that they had no guidance from counselors as to appropriate course selections for their proposed career choice while in high school.

The overwhelming majority, 67 percent, of the respondents attended predominantly black undergraduate colleges in the South. They chose their institutions as a result of cost, parental influence and peer pressure, in that order.

The lack of counseling interaction apparently continued at the undergraduate institutions as 87 percent of the respondents implied that they had no pre-medical advisor and simply majored in the Sciences in preparation for their anticipated careers. It was of interest, however, to note that 56 percent of the respondents felt they were adequately prepared for the Medical College Admissions Test, a test considered inordinately difficult by practically everyone attempting it.

Paradoxically, the majority of the respondents attended private medical schools; a class of schools which are inherently expensive and generally attended by students from families of the upper class having above average incomes. This phenomenon is a result of the fact that the two private medical schools attended by the respondents, Howard University Medical School in Washington, D.C., and MeHarry Medical School in Nashville, Tennessee, were established to train black physicians during that time when blacks were not being considered for matriculation at other medical schools. The majority attended MeHarry in Nashville.

The response to several questions indicated that parental influence was a significant factor in many of the decisions of the respondents. It appears that most of the "counseling" they received came in the form of parental guidance, albeit much of it was far from professional, yet, apparently, effective.

The majority of the respondents did receive assistance in medical school in the form of loans made available by their respective states of

residence or, in the case of recent graduates, by the Federal Government. Most attested to the fact that they received little help in the form of special programs within their medical schools or from counseling provided within student affairs divisions of the medical schools they attended.

Conclusions

It was of note that the majority of the respondents were from the South and attended all black high schools. Additionally the majority came from homes headed by professionals, as do most non-black practitioners in this country, although the average parental income was $5,000 due to the fact that professional salaries were at that level during that period and were well above the median income.

The most conclusive documentation which resulted from this study indicates that the majority of the practicing black ophthalmologists in the country have not had access to professional counseling. Whether this was due to the fact that the majority attended predominantly all black high schools and black undergraduate and medical schools is not clear. Clearly, however, the dual system of education in the South, particularly for the older respondents, has had a disparate effect on their access to counseling services, interalia.

Contrary to the beliefs held by many regarding black family life, parental influence was reported to be a significant factor in the decision-making process relative to whether to attend undergraduate school and medical school. Additionally, due to the dearth of professional counseling, the parents and occasionally black teachers, provided all the counseling and advising services for these successful practitioners.

It was particularly interesting to note the comments by several respondents whereby they gave accolades to individual instructors who encouraged them and took responsibility for their getting through the science curriculum. At the undergraduate level, Morehouse College in Atlanta was credited for having a particularly warm and encouraging faculty who apparently demanded that their students work hard. MeHarry Medical College was mentioned frequently as having very helpful faculty members.

The level of counseling at the various medical schools as provided through their student affairs officers apparently was equally appalling.

Finally the decision, by the majority, to practice ophthalmology resulted equally from positive experiences during their rotation in the ophthalmology department at their respective medical schools and the fact that blacks had limited opportunities in many other specialties at the time.

Recommendations

There is an obvious need for increased counseling services for blacks at all educational levels. A particular need exists for sensitizing counselors to the fact that blacks should not be overlooked as a class when selecting secondary school youth academically deserving of professional career information. Also increased numbers of black students should be considered for college preparatory curriculums at this level.

Institutions of higher education should attempt to provide increased counseling services with a commitment to outreach service as well as regular counseling services aimed at reaching more black students. The need for increased counseling for blacks in the pre-medical curriculums

should be met by intensified efforts by instructors in the biology and chemistry departments as well as by college and university counseling services.

While I am not an advocate of black counselors for black students, a genuine effort should be made to add qualified black counselors to existing college and university counseling center staffs. Also counseling departments should consider the addition of black counselor-educators to their faculties to add credibility and black expertise to their training programs with the net effect being the attraction of more blacks into the counselor training programs.

Medical schools are not to be absolved in the matter of inadequate counseling service for black matriculants. They must make sincere commitments to upgrading the level of service to these blacks, that they recruit so heavily in order to please the federal government, rather than being crisis oriented thus perpetuating the revolving door phenomenon for blacks in medical schools.

Further, additional studies should be undertaken to gain more pertinent information relative to the persistent problems which continue to preclude any appreciable increase in the number of black physicians in the United States.

REFERENCES

American Psychological Association. The Society for the Psychological Study of Social Issues. Guidelines for testing minority group children. Washington, D.C.: Author, 1964.

Ames, W. The nature of disadvantaged youth. In W. E. Ames and J. D. Grambs (Eds,), Counseling the disadvantaged youth. Englewood Cliffs, N.J.: Prentice-Hall, 1968.

Ansell, E. M., & Hansen, J. C. Patterns in vocational development of urban youth. Journal of Counseling Psychology, 1971, 18, 505-508.

Arbuckle, D. The alienated counselor. Personnel and Guidance Journal, 1969, 48, 18-23.

Ausubel, D. P. & Ausubel, P. Ego development among segregated Negro children. In H. A. Passow (Ed.), Education in depressed areas. New York: Bureau of Publications, Teachers College, Columbia University, 1963.

Bancroft, J. F. Counseling of the disadvantaged child. School Counselor, 1967, 14 (3), 149-155.

Baratz, S. S. & Baratz, J. C. Early childhood intervention: The social science basis of institutional racism. Harvard Educational Review, 1970, 70, 29-50.

Bartee, G. M. The perceptual characteristics of disadvantaged Negro and Caucasian college students. Unpublished doctoral dissertation, East Texas State University, 1967.

Beck, J. D. The counselor and black/white relations. Guidance Monograph Series, No. VIII. Boston: Houghton-Mifflin, 1973.

Bernstein, B. Social class, speech, systems of psychotherapy. In R. Riessman, J. Cohen & A. Pearl (Eds.), Mental health of the poor. New York: Free Press of Glencoe, 1964.

Billingsley, A. Black families in white America. Englewood Cliffs, N.J.: Prentice-Hall, 1969.

Blewett, W. E. Minority students' special needs and recruitment. Journal of Allied Health, 1974, 22, 25.

Bonito, A. J. & Levine, D. M. The effect of attitudinal content on the formation of professional attitudes in medical students. Proceedings of the 12th Annual Conference of the Association of American Medical Colleges, 1973.

1. Bureau of Health Manpower, Department of Health, Education and Welfare. Minorities and women in the health fields. Washington, D.C.: Author, 1975.

Calia, V. F. The culturally-deprived client: A reformulation of the counselor's role. In J. O. Bentley (Ed.), The counselor's role: Commentary and readings.

Carkhuff, R. A., & Berenson, B. G. Beyond counseling and therapy. New York: Holt, Rinehart, and Winston, 1967.

Carkhuff, R. A. Credo of a militant humanist. Personnel and Guidance Journal, 1972, 51, 237-242.

Carkhuff, R. R., & Pierce, R. Differential effects of therapist role and social class upon client depth of self-exploration in the initial interview. Journal of Counseling Psychology, 1967, 31, 412-418.

Clark, K. B. Dark ghetto. New York: Harper and Row, 1965.

Cottingham, H. F., Burck, H. D., & Reardon, R. C. Facilitating career development: Strategies for change. Springfield, Ill.: Charles Thomas Publisher, 1975.

Datagram, U.S. medical student enrollment 1968-69 through 1972-73. Journal of Medical Education, 1973, 48, 293-297.

Deutsch, M. B., & Brown, B. Social influences in Negro-white intelligence differences. Journal of Social Issues, 1964, 20, 24-34.

Douglas, E. "Negro" self-concept: Myth or reality? Integrated Education, 1971, 9, 27-29.

Ebert, R. H. Medical education and the university. In J. H. Knowles (Ed.), Views of medical education and medical care. Cambridge: Harvard University Press, 1968.

Etzkowitz, H., & Schaflander, G. M. Ghetto crisis: Riots of reconciliation? Boston: Little, Brown, 1969.

Fein, R. The doctor shortage: An economic diagnosis. Washington, D.C.: The Brooking Institution, 1967.

4. Fishman, D. B., & Zimet, C. N. Specialty choice and beliefs about specialties among freshmen medical students. Journal of Medical Education, 1972, 47, 524-533.

Gibbs, J. T. Black student/white university different expectations. Personnel and Guidance Journal, 1973, 51, 463-470.

Gibby, R. G., & Gabler, R. The self-concept of Negro and white children. Journal of Clinical Psychology, 1967, 23, 144-148.

Gilliland, B. E. An evaluation of the effects of small group counseling with Negro adolescents. (Doctoral dissertation, University of Tennessee, 1967). Dissertation Abstracts International, 1967, 27, 2878-2879A).

Gochros, J. S. Recognition and use of anger in Negro clients. Journal of Social Work, 1966, 11, 28-34.

Gordon, J. E. Counseling the disadvantaged boy. In W. E. Amos & J. D. Grambs (Eds.), Counseling the disadvantaged youth. Englewood Cliffs, N.J.: Prentice-Hall, 1968.

Gottlieb, D. Poor youth do want to be middle class but it's not easy. Personnel and Guidance Journal, 1967, 46, 116-122.

Grambs, J. D. The self-concept of Negro youth. In W. C. Kuaraceus, et al. (Eds.), Negro self-concept: Implications for school and citizenship. New York: McGraw-Hill, 1965.

Grantham, R. J. The effects of counselor race, sex, and language variables in counseling culturally different clients. Unpublished doctoral dissertation, State University of New York at Buffalo, 1970.

Haettenschwiller, D. L. Counseling black students in special programs. Personnel and Guidance Journal, 1971, 47, 509-511.

Harper, F. Toward a model of effective counseling with black college students at traditionally white campuses. Paper presented at the American Personnel and Guidance Association Convention, Atlanta, Georgia, May 25, 1973.

Harrison, D. K. Race as a counselor-client variable in counseling and psychotherapy: A review of the research. Counseling Psychologist, 1973, 5 (1), 124-133.

Hassinger, E. W. Background and community orientation of rural physicians compared with metropolitan physicians in Missouri. University of Missouri College of Agriculture Research Bulletin, 1963, 822.

Hauser, S. T. Black and white identity formation in the psycho-social development of lower socioeconomic class adolescent boys. New York: Wiley-Interscience, 1971.

Havighurst, R. J. What are the cultural differences that may affect performance on intelligence tests? In K. E. Eells (Ed.), Intelligence and cultural differences. Chicago: University of Chicago Press, 1951.

Hefland, A. Group counseling as an approach to work problems of disadvantaged youth. Rehabilitation Counseling Bulletin, 1967, 9, 111-116.

Henderson, G. Occupational aspirations of poverty-stricken Negro students. Vocational Guidance Quarterly, 1967, 15, 41-45.

Hermann, T. J. A new trend in career interests among University of Michigan Medical School graduates. Journal of Medical Education, 1972, 47, 620-624.

Hermann, T. J. Influence of an "all elective" fourth year on career goal selection. Journal of Medical Education, 1972, 47, 518-523.

Herzog, E. About the poor: Some facts and fictions. Washington, D.C.: Department of Health, Education and Welfare, Children's Bureau, U.S. Government Printing Office, 1968.

Hyman, H. H., & Reed, J. S. Black matriarchy reconsidered: Evidence from secondary analysis of sample surveys. Public Opinion Quarterly, 1969, 33, 346-354.

Institute for Higher Educational Opportunity, Southern Regional Education Board, A Conference Report. Minority students in allied health and science, April, 1976.

Johnson, R. Black agenda for career education. Columbus: ECCA, 1974.

Jones, E. Stimulus/response: Psychotherapists shortchange the poor. Psychology Today, 1975, 8 (11), 24-28.

Jones, R. L. Labels and stigma in special education. Exceptional Children, 1972, 38, 553-564.

Kimball, R. L., et al. Black and white vocational interests on Holland's self-directed search (SDS). Report No. CSC-rr-6-71. College Park, Maryland: Cultural Study Center, University of Maryland, 1971.

Kincaid, M. Identity and therapy in the black community. Personnel and Guidance Journal, 1969, 47, 884-890.

Kritzeg, H., & Zimet, C. N. A retrospective view of medical specialty choice. Journal of Medical Education, 1967, 42, 47-53.

Labov, W. The logical non-standard English. In F. Williams (Ed.), Language and poverty. Chicago: Markham Press, 1970.

Larkin, R. W. Class, race and preadolescent attitudes. California Journal of Educational Research, 1972, 23, 213-223.

Manski, C. F., Mandel, D. S., & Kogh, M. G. An empirical investigation on factors which influence college going behavior. Unpublished manuscript. John F. Kennedy School of Government, Harvard University, 1974.

Martin, E. D., Moffat, R. E., Falter, R. T., & Walker, J. D. Where graduates go: The University of Kansas School of Medicine. A study of the profile of 959 graduates and factors which influenced their geograhic distribution. Journal of the Kansas Medical Society, 1968, 69, 84-89.

Mattson, D. E., Stehr, D. E., & Will, R. E. Evaluation of a program designed to produce rural physicians. Journal of Medical Education, 1973, 48, 323-331.

Menacker, J. Urban poor students and guidance. Guidance monograph, No. VI. Boston: Houghton-Mifflin, 1971.

Menninger, K. Psychological factors in the choice of medicine as a profession. Bulletin of the Menninger Clinic, 1957, 21, 51-58; 99-106.

McGrew, J. M. Counseling the disadvantaged child: A practice in search of a rationale. School Counselor, 1971, 18, 165-176.

Moses, E. G., Zirkel, P. A., & Greene, J. F. Measuring the self-concept of minority group pupils. Journal of Negro Education, 1973, 42, 93-98.

Moulton, R. W., & Stewart, R. H. Parents as models for mobile and low mobile black males. Vocational Guidance Quarterly, 1971, 45, 247-253.

Moynihan, D. P. The Negro family: The case for national action. Washington, D.C.: Office of Policy Planning and Research, U.S. Department of Labor, 1965.

Murphy, G. Work and the productive personality. In H. Borow (Ed.), Career guidance for a new age. Boston: Houghton Mifflin, 1973.

Neff, W. S. The meaning of work to the poor. Rehabilitation Counseling Bulletin, 1967, 9, 71-77.

Orem, R. C. Language and the culturally disadvantaged. In W. E. Amos and J. D. Grambs (Eds.), Counseling the disadvantaged youth. Englewood Cliffs, N.J.: Prentice-Hall, 1968.

Pallone, N. J., Rickard, L. S., & Hurley, R. B. Key influencers of occupational preference among black youth. Journal of Counseling Psychology, 1970, 17, 498-501.

Rainwater, L. Crucible of identity: The Negro lower-class family. In T. Parsons, & K. B. Clark (Eds.), The Negro American. Boston; Houghton Mifflin and the American Academy of Arts and Sciences, 1966.

Riessman, F. Roleplaying and the lower socio-economic group. Group Psychotherapy, 1964, 17, 36-48.

Roberts, D., & Plunkett, R. A. Selected keys to open the door to minority student participation in health careers. Journal of Allied Health, 1974, 40 (5),

Schumacher, C. F. Interest and personality factors as related to choice of medical career. Journal of Medical Education, 1963, 38, 933-942.

Schumacher, L. C., Banikiotes, P. G., & Banikiotes, F. G. Language compatability and minority group counseling. Journal of Counseling Psychology, 1972, 19 (3), 255-256.

Sedlacek, W. E., & Brooks, G. C. Racism and research: Using data to initiate change. Personnel and Guidance Journal, 1973, 52, 184-188.

Sivertson, S. E., & Stone, H. L. Is the preceptorship an anachronism? Journal of the American Medical Association, 1972, 221, 590-592.

Sloan, F. A. Economic models of physician supply. Unpublished doctoral dissertation, Harvard University, 1968.

Smith, P. M., Jr. (Ed.). What guidance for blacks? Special issue. Personnel and Guidance Journal, 1970, 48, 707-786.

Soares, A. T., & Soares, L. M. Self-perceptions of culturally disadvantaged children. American Educational Research Journal, 1969, 6, 31-45.

Sowell, T. Radical chic is vicious. Psychology Today, 1973, 6 (9), 40-44.

Stone, W. O., & Harper, F. D. Transcendent counseling for blacks: A modular-conceptual theory. A paper presented at the American Personnel and Guidance Association Regional Convention, Atlanta, Georgia, May, 1973.

Stone, W. O., & Harper, F. D. A treatment-training model for the transcendent counselor and counselee. A program presented at the 1974 American Personnel and Guidance Association Convention, New Orleans, Louisiana, April, 1974.

TenHouten, W. The black family: Myth and reality. Psychiatry, 1970, 33, 145-173.

Thomas, C. W. Something borrowed: Something black. Counseling Psychologist, 1970, 2 (1), 6-10.

Trent, J. W. The decision to go to college: An accumulative multivariate process. In U.S. Department of Health, Education and Welfare, Trends in post-secondary education. Washington, D.C.: U.S. Government Printing Office, 1970.

Truax, C. B. An approach to counselor education. Counselor Education and Supervision, 1970, 10, 4-15.

Tucker, S. Action counseling: An accountability for counseling the oppressed. Journal of Non-White Concerns, 1973, 2 (1), 35-41.

Tyler, L. E. The encounter with poverty: Its effect on vocational psychology. Rehabilitation Counseling Bulletin, 1967, 61-70.

Vontress, C. E. Counseling Negro adolescents. School Counselor, 1967, 15, 86-91.

Vontress, C. E. Cultural barriers in the counseling relationship. Personnel and Guidance Journal, 1969, 48, 11-17.

Vontress, C. E. Counseling blacks. Personnel and Guidance Journal, 1970, 48, 713-719.

Walker, P. L. The effects of two counseling strategies with black disadvantaged clients (Doctoral dissertation, Georgia State University, 1973). Dissertation Abstracts International, 1973, 31, 2106-2107A).

Weinstein, P. & Gipple, C. Some determinants of career choice in the second year of medical school. Proceedings of the 12th Annual Conference of the Association of American Medical Colleges, 1973.

Williams, R. L., & Byars, H. Negro self-esteem in a transitional society: Tennessee self-concept scale. Personnel and Guidance Journal, 1968, 47, 120-125.

Williams, W. C. The efficacy of group counseling on the academic performance of black college freshmen with low-predicted grade point averages (Doctoral dissertation, University of Georgia, 1972). Dissertation Abstracts International, 1972, 32, 4974A).

Workman, E. L. A comparison of behavioristic and humanistic treatment procedures of success in a sheltered workshop. (Doctoral dissertation, University of Southern California, 1974). Dissertation Abstracts International, 1974, 35, 203-204A).

U.S. Bureau of the Census. United States census of population: 1970. Washington, D.C.: U.S. Government Printing Office, 1972.

U.S. Department of Commerce, Bureau of the Census. Money, income and poverty of families and persons in the United States: 1974. Series P-60, No. 99, July, 1975.

Welsing, F. C. The Cress theory of color-confrontation and racism (white supremacy). Washington, D.C.: Howard University, 1970.

Yamamoto, J., James, Q. C., Bloombaus, M., & Hattem, J. Racial factors in patient selection. American Journal of Psychiatry, 1967, 124 (5), 630-636.

Yamamoto, J., James, Q. C., & Palley, J. Cultural problems in psychiatric therapy. Archives of General Psychiatry, 1968, 19, 45-49.

APPENDIX A

University of Kentucky
Room 202 Administration Building
Lexington, Kentucky 40506

Dear Dr.

I am an administrator and graduate student at the University of Kentucky, Lexington, and a December, 1977, candidate for the Ed.S. degree in Educational Psychology and Counseling.

As former Director of Special Student Programs for the University of Kentucky College of Medicine, 1972-75, I have developed an interest in ascertaining the level of career counseling that blacks interested in practicing medicine have historically received both prior to and during their matriculation in medical school. Specifically, my attention is focused on blacks practicing Ophthalmology in the United States.

Inasmuch as I will be involved in an independent study during the 1977 summer school session, I plan to research the issue with the hope of producing a paper which will provide data on the level of career counseling practicing black Ophthalmologists received and which will also address the additional variables which played a role in the choice of medicine as a career and of Ophthalmology as a specialty.

Hopefully the results will expose the strengths and weaknesses in career counseling available for blacks desirous of medical careers in general and in Ophthalmology specifically.

Dr. Wilbur Blount, one of your distinguished colleagues and a personal friend of mine, who is a faculty member in the University of Kentucky's College of Medicine and a member of the Department of Ophthalmology is providing some technical assistance and also a list of practicing black Ophthalmologists which naturally includes your name.

I am fully cognizant of the hectic schedule your profession and specialty demands and because of this I realize the inconvenience I may cause you to suffer with the enclosed survey instrument. However, I feel strongly that if you would find the time to respond, the compiled results could be so very

helpful to young blacks aspiring to follow in the path you chose.

I do hope to followup on as many respondents as personal finances permit with short interviews sometimes during the 1977 summer.

Any comments, suggestions or additional data you have germane to this matter will be appreciated.

Respectfully,

Victor P. Gaines

Victor P. Gaines

APPENDIX B

Survey of Practicing Black Ophthalmologists

1. What section of the U.S. were you born and reared in?
   _____ North _____ South _____ East _____ West

2. What was the average annual income of your parents?
   _____ $5,000 _____ $10,000 _____ $15,000 _____ above $20,000

3. Were either of your parents a professional?
   _____ No _____ Yes

   _____ Minister
   _____ Teacher
   _____ Dentist
   _____ Nurse
   _____ Physician
   _____ Lawyer
   _____ Other (specify) _____

4. Did you attend a predominantly black high school?
   _____ Yes _____ No

5. Did your high school provide career counseling?

6. How frequently did you talk with your counselor?

7. Who initiated the contact?

8. Had you considered medicine as a career while in high school?

9. Did your counselor suggest you consider medicine and provide you with the appropriate high school course selections?

10. What undergraduate institution did you attend?

11. What process did you use to select your undergraduate college?

12. While attending undergraduate school did you have a pre-medical advisor?

13. How often did you see your pre-med advisor?

14. Do you feel the level of advising provided was adequate?

15. If your response to No. 12 was no, what variables interacted that led you to choose medicine as a career?

16. If your response to No. 12 was no, from what sources did you receive advice and counsel regarding a medical career?

17. Did you find that you were well prepared for the Medical College Admissions Test?

18. Do you recall your G. P. A. and M. C. A. T. scores at the time of application to medical school?
G. P. A. _____ M. C. A. T. (average) _____

19. Which medical school did you attend?

20. What, if any, special assistance (programs, funds, etc.) was available to black students attending the medical school of your choice?

21. What variables interacted that led you to specialize in Ophthalmology?

22. Please make any additional comments you wish regarding the questions or other data you feel pertinent to this issue.